Application or Dock t Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

09/439 240

CLAIMS AS FILED - PART I (Column 1) (Column 2)								1	SMALL ENTITY TYPE		OR	OTHER THAN	
FOR			NUMBE	R FILED	NUM	MBER E	EXTRA		RATE	FEE		RATE	FEE
BASIC FEE				.		*				380.00	OR	12378	760,00
то	TAL CLAIMS		26	minus 2	0= *	6			X\$ 9=	54.00	OR	X\$18=	
IND	EPENDENT CL	AIMS	8	minus 3	3 = * _	5			X39=	195,00	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								ا نز	TOTAL	62900	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	• .	or i	OTHER SMALL	
AMENDMENT A		CL REM. AF	AIMS AINING TER IDMENT		HIGHE NUMB PREVIOUS PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N D M	Total	* 0	16	Minus	** L	6	=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	* I	7 N 05 M	Minus	***	CLAIM	=		X39=	1	OR	X78=	
-	FINOT PRESE	MIAIIC	ON OF MIC		ENDENT	CLAIN			+130=	<u> </u>	OR	+260=	1.0
									TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	-, .
			umn 1)		(Colum		(Column 3)					**	
AMENDMENT B		REM Af	AIMS AINING TER IDMENT		HIGHE NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* . 4	49	Minus	** 9	6	-23		X\$ 9=	207.10	OR	X\$18=	
	Independent FIRST PRESE	* /	<u>O</u>	Minus	***	S Alla			x 30 €	80.00		×28=	* -
H	FINOT PRESE	NIAIR	DN OP MI	OLITE DEF	ENDENI	·	•	'	30 + 130 =	/30.00	1	270 + 280 =	, ,
									TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	r
L			umn 1)		(Colum		(Column 3)	S.		611.00 (7		·
AMENDMENT C		REM AF	AIMS AINING TER IDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***	<u> </u>	=		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							!	+130=		OR	+260=	
									TOTAL		OR	TOTAL	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20. ***If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										1			

This Form for INTERNAL PTO E ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/439740

Total Fee Calculation

	Fee Cade	Total # Claims	Number Extra	х	Fee	Fcc	_	Total		
, e	Sm./Lg.				Sm. Entity	Lg. Entiry				
Basic Filing Fee	201/101				380.00		•	380.00		
Total Claims >20	203/103	26 -20 =	_6	x	9.00			5400		
Independent Claims >3	202/102	<u>\$</u> .1 •	5_	х	39,00		*	195.00		
Mult. Dep Claim Present	204/104						*			
Surcharge	205/105	•			65.00			65.00		
English Translation	139									
TOTAL FEE CALCULA	ATION							69400		
Fees due upon filing t	he application:									
Total Filing Fees Due = \$ 694.00										
Less Filing Fees Subm	nitted - \$			_						
BALANCE DUE	= \$ <u>6</u>	94,00								
Office of Initial Patent	Examination	·	ě							
FORM OIPE-RAM-01 (Re	v. 12/97)	Fig	ure 7							